

Forget about all the spin-doctoring rhetoric of the Health and Social Care Bill, what is its potential impact on pharmacists? Dr Darrin L Baines reports

A Healthy Bill?

After a visit to the Soviet Union in 1919, the American journalist Lincoln Steffens proudly announced "I've seen the future and it works". Despite its initial promise, it wasn't long before the Soviet economy failed to live up to expectations.

After the collapse of communism during the late 1980s, most commentators agreed that three factors - which Steffens failed to predict - caused the Union's demise.

First, Soviet political leaders tricked ordinary communists into believing in a brighter future, whilst human rights abuses, unimaginable hardship and economic disaster were just around the corner.

Second, Marxist economic theory didn't work in practice, with the result that individuals suffered rather than gained.

Third, the Soviet people only worked in unison when the common economic good benefited them individually, with the consequence that greater and greater control was needed to avoid rebellion.

Therefore, in the post-communist era, the message to all governments and political leaders is clear - no economic system (however good it looks on paper) will survive in the longer term unless it benefits the rank and file and delivers the brighter future promised before reforms were put into place.

National Plan

In a document reminiscent of the former Soviet Union's five-year plans for economic development, the UK government last year published details of its plans for the NHS until 2003/04.

The NHS Plan was designed to improve the performance of the health service by investing extra money in staff and facilities, changing GP and consultant contracts, setting targets for the system and applying minimum standards to patient care.

After this publication, the government's proposals for pharmaceutical services in England were published in the policy document 'Pharmacy in the Future'.



Jason Benetton

To improve English pharmacy services, the Government intends to introduce a series of reforms grouped under four main themes: improving medicines usage, promoting better access, redesigning services and ensuring high quality care.

The Health and Social Care Bill was introduced into the House of Commons on 20 December 2000 to set up the NHS Plan and Pharmacy in the Future. The Bill is currently being considered in the Lords. With an election drawing near, the final version of the amended legislation is expected to be passed soon.

Which parts of the Bill affect pharmacies most?

LPS pilots

Clauses 29 to 41 of part II of the Bill detail the proposed arrangements under which Local Pharmaceutical Services (LPS) pilots may be introduced.

According to Bill, the pilots are

intended to develop and demonstrate innovative ways of providing high quality, cost-effective services to patients.

The Bill does not state what type of new pharmaceutical services may be supplied. However, 'Pharmacy in the Future' suggests that they may undertake medicines management, pharmacist prescribing and other similar initiatives.

With the basic package of pharmacy care, the Bill permits pilots to provide non-pharmaceutical health services such as diagnostic testing, therapeutic monitoring and health education for patients.

Contracts

According to the Bill, pilot schemes will be based on written agreements between health authorities and the providers of LPS services, which may include individual pharmacists, retail pharmacies and dispensing appliance contractors.

In order to establish a pilot, individuals or bodies corporate must apply to become health service bodies.

Where more than one party is involved, an application may be made collectively.

As NHS contracts are not enforceable in law, the Bill permits LPS disputes to be put to the Secretary of State or the National Assembly for Wales for resolution.

However, because most LPS providers will be rather different from other health service bodies, County Courts may enforce directions issued as a result of any dispute resolution either in favour of, or against a pilot scheme.

Entry control

Under the initial version of the Bill, Clause 31 permitted Health Authorities to designate neighbourhoods, particular premises, or particular descriptions of premises for LPS pilot status.

In effect, this clause allowed the suspension of 'control of entry' regulations, which govern the pharmacy contracts issued in specific neighbourhoods or for named premises, so that LPS pilots can be established.

If passed, the Bill will also allow primary care centres or general practitioner practices to provide pharmaceutical services, including dispensing, if they receive Health Authority or Primary Care Trust approval to do so.

Because of the threat these proposed reforms pose to the monopoly positions held by many pharmacies, leading pharmacy bodies have lobbied the Government to protect the profession's strict entry controls.

Despite their concerns, the Bill has yet to be amended to completely save the territories held by existing providers.

Dispensing and provision

Clauses 42 to 44 of Part II of the Bill outline proposed changes to the arrangements for dispensing NHS

prescriptions and the provision of pharmaceutical services.

Firstly, Clause 12 allows items prescribed by registered dentists, opticians, osteopaths, chiropractors, nurses, midwives, health visitors and pharmacists to be supplied as part of NHS pharmaceutical services.

In relation to dispensing, Clause 13 permits remote provision of pharmaceutical services by out-of-area suppliers, which is designed to stimulate the development of Internet, mail order, home delivery and other forms of medicines supply.

Finally, Clause 14 extends Clause 12 to Scotland, while Clause 60 extends to the range of professionals able to prescribe to the list given above.

Troubled birth

Pharmacy is a profession that grew out of conflict. From the late 1700s to the early 1900s, pharmacists fought with apothecaries and general practitioners over the right to supply and prescribe drugs.

Throughout this time, pharmacists also argued with each other about whether pharmacy was a trade or a profession.

Although pharmacy had a turbulent beginning, three factors eventually secured peace.

First, the registration of all pharmacists by the Pharmaceutical Society stopped the infighting between different groups such as

chemists and druggists, and pharmaceuticalists.

Next, the introduction of Resale Price Maintenance (RPM) and, later, NHS dispensing fees, stopped the battles between pharmacists who sold on price and those who wished to provide pharmaceutical care.

Finally, the separation of prescribing and dispensing (firstly under the National Insurance Scheme and then under the NHS) stopped quarrels between pharmacists and general practitioners over who should do what.

As a result of these factors the 20th Century was an unprecedented period of peace for pharmacists.

The question, therefore, has to be asked: will the current Government – with the introduction of the Health and Social Care Bill and the inquiry into RPM – promote or destroy the profession's hard won harmony?

History repeats itself

Karl Marx once famously remarked that history repeats itself, the first time as tragedy, the second as farce.

In response to his wisdom, pharmacists should ask themselves – and their political leaders – whether the Health and Social Care Bill will move the profession forward into a new era of openness and reform, or backwards to the days when pharmacists openly fought with each other and

other healthcare professions?

If the Bill heralds a perestroika for pharmacy, then the profession should brace itself for substantial economic and social changes while one ideological system is replaced with another.

Indeed, Government rhetoric suggests that, in the future, pharmacy will develop more as a profession and less as a trade, thereby re-opening old conflicts between the experts and the entrepreneurs.

However if the Bill drags the profession backwards, tragedy and farce may take centre stage as pharmacies of all shapes and sizes struggle to adapt to a new, harsher environment designed to deal with those who disagree with the ideology of the State.

Central leadership

With legal documents, such as the Health and Social Care Bill, it is easy to be drawn into debate over the detail while missing the bigger picture.

To date, representatives of the pharmacy profession have fought hard against the individual clauses in the Bill they find unacceptable.

However, many at the top have assumed that the overall direction for pharmacy outlined in the legislation is the right one.

Nevertheless, rank and file pharmacists may start to voice concerns about their future (and their

leadership) once they begin to experience life under the new regime.

For example, conflicts are bound to erupt as LPS pilots start to diminish the dispensing volumes passing through local pharmacies.

And disagreements are likely to surface as pharmacists and other professionals – particularly general practitioners – encroach on each other's territories and bid for the same pots of limited NHS funds.

Therefore, unless all benefit the government may become less popular with ordinary pharmacists as their lives under the reformed system become harder and less free.

Conclusions

In the era after the Bill is passed there is no guarantee that the reforms announced by Pharmacy in the Future (however good they look on paper) will automatically benefit all rank and file pharmacists.

The message is therefore clear – while medicine usage, access, patient care and professional standards may improve the brighter future promised by the Government's reforms may only be secured if working pharmacists make substantial sacrifices for the State.

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